

28 14

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		Yuma Arizona		State File No. 632	
County		Yuma		Registered No. 29	
District or Township		Yuma		or Village	
City		Yuma Hospital		St. Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME Rosa Angulo					
(a) Residence, No. wellton ariz St. Ward.					
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX		4. COLOR or RACE		5. SINGLE, MARRIED, WIDOWED or DIVORCED	
Female		Porto Rican		married	
5a. If married, widowed, or divorced					
HUSBAND Angel Angulo					
(or) WIFE of					
6. DATE OF BIRTH (month, day and year) Feb 1-1909					
7. AGE		Years		Months	
20				Days	
				IF LESS than 1 day hrs. or min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work Housewife					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) Porto Rico					
(State or country)					
10. NAME OF FATHER Benito Reyes					
11. BIRTHPLACE OF FATHER Porto Rico					
(State or country)					
12. MAIDEN NAME OF MOTHER Mat Henson					
13. BIRTHPLACE OF MOTHER					
(State or country) (city or town)					
14. Informant					
(Address) Yuma ariz					
15. Filed Feb 15 1929 Mary A. Henson Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH Feb 14 1929					
Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from Feb 14 1929 to Feb 14 1929					
that I last saw her alive on Feb 14 1929					
and that death occurred, on the date stated above, at 3:00 P. M.					
The CAUSE OF DEATH* was as follows: Branch Pneumonia					
(duration) yrs. mos. 5 ds.					
CONTRIBUTORY (Secondary) General Debility					
(duration) yrs. 6 mos. ds.					
18. Where was disease contracted					
If not at place of death?					
Did an operation precede death? no Date of					
Was there an autopsy? no					
What test confirmed diagnosis?					
(Signed) J. K. Henson M. D.					
2-15-29 (Address) Yuma ariz					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery					
DATE OF BURIAL 2/15-29					
20. UNDERTAKER					
ADDRESS Yuma ariz					